Billed Ent., Applicant #: 131976	Applie a's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 212 of 319
Instructions: Use one Block 5 page for EACH service (Funding number the completed pages to assure that they are all processes	Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and

FRI	N #	(to be assigned by	admini (strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At			pelow. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this s	ervice.		3990 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

Recu	rring Charges			Nor	n-Recurring Cl	harges	Total Charges			
A B C D E					G	G H		J	K	
How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500	
	<u> </u>					<u></u>			-	
	B How much of the \$ amount in (A) is ineligible?	B C How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B)	B C D How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year	B C D E How much of the \$ amount in (A) is ineligible? Annual pre-discount amount (A minus B) B Eligible monthly # of months service discount for eligible program year recurring charges (C x D)	How much of the samount in (A) is ineligible? How much of the amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in provided in program year Annual pre-discount for eligible time) \$ charges	How much of the samount in (A) is ineligible? How much of the amount (A minus B) Eligible monthly pre-discount provided in the samount (A minus B) # of months discount for ecurring (one the samount recurring (one time) sin (F) is charges (C x D)	How much of the samount in (A) is ineligible? How much of the samount in (A) is ineligible? Annual prediscount provided in program year recurring cone charges (C x D) E F G H Annual non-recurring (one time) \$ amount in (F) is amount for one-time charges (F minus G)	B C D E F G H How much of the \$amount in (A) is ineligible? Amount (A minus B) Program year Program year	B C D E F G H I J How much of the samount in (A) is ineligible? How include the samount (A minus B) Program year Progra	

Billed Enta, Applicant #: 131976	Applic s Form I	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 213 o	f 319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At			ow. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	ervice.		12 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations	····			

	Recu	rring Charges			Nor	i-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	H	I	J	К	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750	

						a e							
Bille	ed Entic, A	pplicant #: 1319	976			Applk s I	Form Ident	ifier: DM	PS4710101				
Con	tact Person	: Greg Davi	s			Phone Number: 515-242-7773							
BLC	OCK 5: Di	scount Funding	Request(s)			Page 214 of 319							
Instr num	uctions: Use ber the comp	e one Block 5 page pleted pages to assu	for EACH service that they are	vice (Funding all processed	Request Numl	ber) for which	you are requ	esting discounts. M	lake as many copie	s of this page a	s necessary, and		
FRI	V #				(to be	assigned by	y adminis	strator)					
11		of Service (only O		ould be check net Access			15	Contract Number (i "T" if tariffed service month-to-month serv described in instructi	e, "MTM" if	RFP#	00-48D		
12	Form 470	Application Nun	nber:	704	340000296620						/A		
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)				/2000		
13	F	rvice Provider tion Number:			143004340		18	Contract Award Da (mm/dd/yyyy)		01/12			
							19a 19b	Service State Date (Service End Date (r		07/01			
14	Service Pr	ovider Name		Dell	Marketing L	P	20	Contract Expiration (nm/dd/yyyy)		06/30	/A /2002		
21	Descriptio	n of this Service:						of components and co and note number in spa		Attachment #	USFATCH0104		
22	Entity/Ent Service:	tities Receiving this	b. If	umber of the en	itity from Block	4 receiving this:	service.	ed by others), list the E					
23	Calculatio	ons		o· <u></u> /									
		Recur	ring Charges			Nor	1-Recurrin	g Charges		Total Charge			
	A	В	C	D	E	F	G	Н	I	J	K		
Mont	hlu Cabanas	University of the		ļ.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			I I paulah	sé Amuel elieible	T . 1	0/ 3:4			

	Recu	rring Charges			Nor	-Recurring Ci	harges	Total Charges			
A	В	С	D	E	F	G	H	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

10 Proc. 10

	<u> </u>						•						
Billec	l Enta, Ap	oplicant #: 13	1976				Applic s F	orm Identif	ier: DMI	PS4710101			
Conta	ct Person:	Greg Dav	vis			-	Phone Numb	er: 515-2	42-7773				
BLO	CK 5: Dis	scount Fundin	g Reque	est(s)				Pag	e 215 of 319				
Instru numb	ctions: Use er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Num	ber) for which y	you are reque	sting discounts. M	ake as many copie	es of this page	as necessary, and	
FRN	#					(to be	assigned by	y administ	rator)				
1		of Service (only (mmunications Se		-				15	Contract Number (if 'T" if tariffed service nonth-to-month services described in instruction	e, "MTM" if ices as	RFP#	00-48D	
2	Form 470	Application Nu	ımber:	•	7043	34000029662	0	16	Billing Account No.	umber:	N	//A	
								17	Allowable Vendor S Contract Date: (mn	election/	12/12	2/2000	
13		vice Provider ion Number:				143004340			Contract Award Da (mm/dd/yyyy)	te			
İ					•	13004540			Service State Date (1	mm/dd/yyyy)	01/12/2001 07/01/2001		
	<i>c</i>								Service End Date (mm/dd/yyyy) N/A				
4	Service Provider Name Dell Marketi						P		Contract Expiration Date 06/30/2002 (mm/dd/yyyy)				
1	Description	n of this Service:						g breakdown o	of components and co d note number in spa		Attachment #	# USFATCH0104	
2	Entity/Ent Service:	ities Receiving thi	is				vided to one site a		by others), list the Er	ntity 59007 -			
				b. If t					the worksheet numb	er:			
3	Calculation	ns						····					
		Recu	rring Ch	narges			Non	-Recurring	Charges		Total Charge	S	
	A	В	C	2	D	E	F	G	Н	I	J	K	
(total :	ly \$ charges amount for ervice)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mit	scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0	0	C)	0	0	7,500	0	7,500	7,500	40%	\$3,000	

Billed Entry Applicant #: 131976	Applic's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 216 o	f 319

FRN	N #	(to be assigned by	admini	strator)	
11	O Telecommunications Services		15	Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy Service End Date (mm/dd/yyyy)	
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Attack.		n of components and costs, plus any	
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	ervice.		58956 -
23	Calculations	b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksneet,	nst the worksneet number:	

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	llow much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

3ille	d Entic, Aj	oplicant #: 13	1976				Applı, ./s F	orm Identif	ier: DMI	PS4710101			
Cont	act Person:	Greg Day	vis				Phone Number	er: 515-2	.42-7773				
LC	CK 5: Di	scount Funding	g Reque	st(s)				Pag	ge 217 of 319	·			
		one Block 5 pag leted pages to as					ber) for which y	ou are reque	sting discounts. M	ake as many copi	es of this page a	as necessary, and	
RI	T #					(to be	assigned by	administ	rator)				
		of Service (only Communications Se						15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP#	00-48D	
	Form 470	n 470 Application Number: 704340000296					0	16	Billing Account No (e.g. billed telephor	ımber:	N	/A	
									Allowable Vendor Society (mm	/dd/yyyy)	12/12	/2000	
	l	vice Provider ion Number:]	143004340		1 1	Contract Award Dat (mm/dd/yyyy)	te	01/12	2/2001	
	145004340							<u> </u>	Service State Date (r		07/01	/2001	
	Service Pro	Service Provider Name Dell Marketing						20	Service End Date (m Contract Expiration (mm/dd/yyyy)			N/A 06/30/2002	
	Description	n of this Service:						g breakdown o	of components and cond note number in spa		Attachment #	USFATCH01	
		ities Receiving thi	is						by others), list the Er	tity 58962 -			
	Service:	b. Number of the entity from Block b. If the service is shared by all er					4 receiving this s	ervice.					
				b. If					t the worksheet numb	er:			
	Service: Calculatio	_ .		b. If (e.g	he service is sh		ties on a Block 4	worksheet, lis		er:			
		_ .	rring Cl	b. If (e.g	he service is sh	ared by all enti	ties on a Block 4	worksheet, lis	Charges	er:	Total Charge		
		_ .	rring Cl	b. If (e.g	he service is sh		ties on a Block 4	worksheet, lis		er:	Total Charge	s K	
tota	Calculatio	Recu		b. If (e.g	he service is sh . A-1)	ared by all enti	ties on a Block 4	worksheet, lis	Charges H Annual eligible				

	d Entle Si	pplicant #: 13	1976			i	Applic s F	orm Identific	er DMI	PS4710101			
Cont	act Person:			_			Phone Number: 515-242-7773						
		scount Fundin		set(e)			Page 218 of 319						
					ice (Funding)	Paguest Num	bar) for which a		ting discounts. M		of this page	ac necessary and	
umb	er the comp	pleted pages to as	sure that	they are	all processed	correctly.	bely for which y	you are reques	ung discounts. M	ake as many copin	es of this page a	is necessary, and	
RN	#					(to be	be assigned by administrator)						
1		of Service (only of Service)				ed) • Internal C	onnections	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as			RFP#	00-48D	
2		Form 470 Application Number:							escribed in instruction			/A	
′	1 01 111 470	704340000296						1 1	e.g. billed telephor		14	A	
								17 A	llowable Vendor S	election/			
	SPIN - Sei	rvice Provider							ontract Date: (mn ontract Award Da		12/12	/2000	
		ion Number:			1	143004340			nm/dd/yyyy)		01/12	2/2001	
	14500154								ervice State Date (1			/2001	
	Service Provider Name						P		ervice End Date (m 'ontract Expiration			/A 1/2002	
	Service Provider Name Dell Marketin						1	20 Contract Expiration Date (mm/dd/yyyy)				06/30/2002	
		n of this Service:	·		JST attach a de	scription of the	service, includin	g breakdown of	nm/dd/yyyy) components and co note number in spa		Attachment /	<u>USFATCH010</u>	
2	Description		is	relevant a. If t	JST attach a de brand names. I he service is sit	scription of the Label this describe- e-specific (pro	service, includin iption with an At vided to one site	g breakdown of ttachment #, and and not shared b	components and co	ce provided below.	Attachment /	USFATCH010	
 	Descriptio	n of this Service:	is	relevant a. If t Nu	JST attach a de brand names. I he service is sit mber of the ent	scription of the Label this describe- e-specific (pro- tity from Block	service, including interpretation with an At wided to one site and a receiving this services.	g breakdown of ttachment #, and and not shared b service.	components and co note number in spa by others), list the Er	ntity 58982 -	Attachment i	USFATCH010	
	Description Entity/Ent Service:	n of this Service: ities Receiving thi	is	a. If t	JST attach a de brand names. I he service is sit mber of the ent	scription of the Label this describe- e-specific (pro- tity from Block	service, including interpretation with an At wided to one site and a receiving this services.	g breakdown of ttachment #, and and not shared b service.	components and co note number in spa	ntity 58982 -	Attachment I	USFATCH010	
	Description	n of this Service: ities Receiving thi		a. If t Nu b. If t (e.g	JST attach a de brand names. I he service is sit mber of the ent he service is sh	scription of the Label this describe- e-specific (pro- tity from Block	service, including iption with an Attacked to one site and receiving this stress on a Block 4	g breakdown of ttachment #, and and not shared b service. worksheet, list	components and co note number in spa by others), list the Er the worksheet numb	ntity 58982 -			
	Description Entity/Ent Service: Calculation	n of this Service: ities Receiving thi ns	rring C	a. If t Nu b. If t (e.g	JST attach a debrand names. It he service is sit mber of the enthe service is shown.	scription of the Label this descr e-specific (pro tity from Block ared by all enti	service, including iption with an At vided to one site and 4 receiving this stress on a Block 4	g breakdown of ttachment #, and and not shared b service. worksheet, list	components and co note number in spa by others), list the Er the worksheet numb	ntity 58982 - er:	Total Charge	S	
3	Description Entity/Ent Service: Calculation	n of this Service: ities Receiving thi		a. If t Nu b. If t (e.g	JST attach a de brand names. I he service is sit mber of the ent he service is sh	scription of the Label this describe- e-specific (pro- tity from Block	service, including iption with an Attacked to one site and receiving this stress on a Block 4	g breakdown of ttachment #, and and not shared b service. worksheet, list	components and co note number in spa by others), list the Er the worksheet numb	ntity 58982 - eer:	Total Charge		
onth dotal	Description Entity/Ent Service: Calculation	n of this Service: ities Receiving thi ns	Eligible	a. If the Number of States of the Number of	JST attach a debrand names. It he service is sit mber of the enthe service is shown.	scription of the Label this descr e-specific (pro tity from Block ared by all enti	service, including iption with an At vided to one site and 4 receiving this stress on a Block 4	g breakdown of ttachment #, and and not shared b service. worksheet, list	components and co note number in spa by others), list the Er the worksheet numb	ntity 58982 - er:	Total Charge	S	

Billed Entity Applicant #: 131976	Applic's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 219 of 319

15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
16	Billing Account Number: (e.g. billed telephone number)	N/A
17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
18	Contract Award Date (mm/dd/yyyy)	01/12/2001
19a	Service State Date (mm/dd/yyyy)	07/01/2001 N/A
20	Contract Expiration Date	06/30/2002
	n of components and costs, plus any	Attachment # USFATCH0104
is service.		
4 worksheet,	list the worksheet number:	
1	19b 20 ding breakdow Attachment # te and not sharis service.	19b Service End Date (mm/dd/yyyy) 20 Contract Expiration Date (mm/dd/yyyy) ding breakdown of components and costs, plus any Attachment #, and note number in space provided below. te and not shared by others), list the Entity 58969 -

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	H	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Entity Applicant #: 131976	Applicant's Form Identifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 220 o	f 319

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_FRI	N #	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		on of components and costs, plus any	low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 589	84 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	•
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	E	F	G	Н	I	J	K			
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000
charges (C x D)						0	7,500	7,500	80%	\$6,000

			24 I C						
Bille	d Enu., Applicant #: 131976		Apple a's Form I	lder	ntifier: DMP	S4710101			
Cont	act Person: Greg Davis		Phone Number: 515-242-7773						
BLC	CK 5: Discount Funding Requ	est(s)] I	Page 221 of 319				
Instru	er the completed pages to assure that	CH service (Funding Request Number they are all processed correctly.	ber) for which you are	е гес	questing discounts. Ma	ke as many co	opies of this page as necessary, and		
FRN	T#	(to be	assigned by adm	nin	istrator)				
11	O Telecommunications Services	egory should be checked)	15		Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if ces as	RFP #00-48D		
12	Form 470 Application Number:	704340000296620	·		Billing Account Nu (e.g. billed telephon	e number)	N/A		
			1	7	Allowable Vendor Se Contract Date: (mm/		12/12/2000		
13	SPIN - Service Provider Identification Number:	143004340	18	8	Contract Award Date (mm/dd/yyyy)	e	01/12/2001		
			├ —	9a	Service State Date (m		07/01/2001		
				9b	Service End Date (mi		N/A		
14	Service Provider Name	Dell Marketing L	P 26	0	Contract Expiration (mm/dd/yyyy)	Date	06/30/2002		
21	Description of this Service:	You MUST attach a description of the relevant brand names. Label this descr					ow. Attachment # <u>USFATCH0104</u>		
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (pro- Number of the entity from Block b. If the service is shared by all enti	4 receiving this service.				7 -		
		(e.g. A-1)	iles off a Block 4 works:	neet,	, list the worksheet mullipe				
23	Calculations		·· —				Ì		
	Recurring C	harges	Non-Recu	ırri	ng Charges		Total Charges		

	Recu	rring Charges		<u> </u>	Nor	1-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

Contact	ini., Ap											
		pplicant #: 131	1976				Appl: s F	orm Identi	fier: DM	PS4710101		
BLOCK	Person:	Greg Day	vis				Phone Numb	er: 515-	242-7773			
	K 5: Dis	scount Funding	g Requ	est(s)		<u>-</u> l		Pa	ge 222 of 319			
		one Block 5 pag leted pages to ass					ber) for which y	ou are reque	esting discounts. N	Make as many copie	es of this page a	is necessary, and
FRN#		<u> </u>					assigned by	z administ	trator)		_ 	
		of Service (only (ONE cate	egory she	ould be checke		dosigned b	15	Contract Number (
o) Telecor	nmunications Se	rvices	O Intern	net Access	• Internal C	onnections		"T" if tariffed service month-to-month ser- described in instruct	vices as	RFP#	00-48D
12 Fo	Form 470 Application Number: 704340000290						n	16	Billing Account N	lumber:	N	/A
	704340000270						U	17	(e.g. billed telepho	Selection/		
I .		vice Provider						18	Contract Date: (m			2/2000
10	Identification Number: 143004340							L	(mm/dd/yyyy) Service State Date	(mm/dd/yyyy)		/2001 /2001
				}					Service End Date (/A
14 Se	ervice Pro	vider Name			Dell	Marketing L	P	20	Contract Expiration (mm/dd/yyyy)	n Date		/2002
		of this Service:		relevant	brand names. I	abel this descr	ription with an At	tachment #, a	of components and c nd note number in sp	ace provided below.	Attachment #	# USFATCH0104
	intity/Enti ervice:	ities Receiving thi	is	b.If the	mber of the ent service is share	ity from Block	4 receiving this s	service.	by others), list the Erne worksheet number			
23 C	Calculation	ns		(e.s	g. A-1)							
<u> </u>		Recu	rring C	 harges		`	Non	-Recurring	Charges		Total Charge	<u>s</u>
A	1	В		C	D	E	F	G	Н	I	J	K
Monthly \$ (total amo	ount for	How much of the \$ amount in (A) is ineligible?	pre-di am	monthly scount ount inus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amound in (F) is ineligible?	, -	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0)	0		0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed En, Applicant #: 131976	Appl's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 223 of 319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE ca O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17 Allowable Vendor Selection Contract Date: (mm/dd/yyy		12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any	low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	red by others), list the Entity 590	003 -	
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations	· ···-			

	Recu	rring Charges			Nor	-Recurring C	harges		s	
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is incligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500

Billed Entity Applicant #: 131976	Applicant's Form Io	dentifier:	DMPS4710101
Contact Person: Greg Davis	Phone Number:	515-242-7773	
BLOCK 5: Discount Funding Request(s)		Page 224 of	319

FRI	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy		12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A			low. Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	service.		97 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non	-Recurring C	harges		5	
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000

Billed Ent. Applicant #: 131976	App's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 225 of 319
Instructions: Use one Block 5 page for EACH service (Funding number the completed pages to assure that they are all processe	Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and d correctly.

FR	N #	(to be assigned b	y admini	istrator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D
12	Form 470 Application Number:	704349000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
				Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A	•	• • •	Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this		red by others), list the Entity 58961	-
		b. If the service is shared by all entities on a Block	worksheet,	list the worksheet number:	

23 Calculations

	Recu	rring Charges			Non	-Recurring C	harges		Total Charges			
A	В	С	D	E	F	G	Н	I	J	K		
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)		
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000		

(e.g. A-1)

Applicant #: 13197 erson: Greg Davis 5: Discount Funding R s: Use one Block 5 page for a completed pages to assure egory of Service (only ONI Telecommunications Service m 470 Application Numb	quest(s) EACH servithat they are category sho	all processed	(to be	Phone Numb	Pag	242-7773 ge 226 of 319	PS4710101 ake as many copie	s of this page a	is necessary, and		
5: Discount Funding R s: Use one Block 5 page for completed pages to assure egory of Service (only ONI Felecommunications Service)	EACH servithat they are	all processed	(to be	ber) for which y	Pag	ge 226 of 319	ake as many copie	s of this page a	ns necessary, and		
s: Use one Block 5 page for completed pages to assure egory of Service (only ONI relecommunications Service)	EACH servithat they are	all processed	(to be				ake as many copie	s of this page a	is necessary, and		
e completed pages to assure egory of Service (only ONI Felecommunications Service	category sho	all processed	(to be		ou are reque	sting discounts. M	ake as many copie	s of this page a	is necessary, and		
Telecommunications Servic	-	ould be checke									
Telecommunications Servic	-	ould be checke		: assigned by	administ	rator)					
	s O Interr		ed)		15	Contract Number (if					
m 470 Application Numb		net Access	• Internal C	onnections]] 1	"T" if tariffed service, "MTM" if month-to-month services as described in instructions) RFP #0					
	r:				16	Billing Account Nu	ımber:	N.	/A		
		7043	340000296620	0		(e.g. billed telephor Allowable Vendor Se					
						Contract Date: (mm		12/12	2/2000		
N – Service Provider			1 4200 42 40	· · · · · · · · · · · · · · · · · ·	1	Contract Award Dat	e				
mineation rumber.]	143004340		\ 		nm/dd/vyyy)				
											
vice Provider Name		Dell	Marketing L	P			Date	06/30	/2002		
cription of this Service:					g breakdown o	of components and co		Attachment #	USFATCH0104		
ity/Entities Receiving this						by others), list the En	tity 58927 -				
			ared by all enti	ties on a Block 4	worksheet, lis	t the worksheet numb	er:				
culations	<u>**8</u>	<u> </u>									
Recurrii	g Charges			Non	-Recurring	Charges		Total Charges	s		
В	C	D	E	F	G	Н	I	J	K		
nt for \$ amount in (A) is ineligible?	re-discount amount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
0	0	0	0	7,500	0	7,500	7,500	60%	\$4,500		
it;	ription of this Service: y/Entities Receiving this ce: nlations Recurring B rges How much of the for \$ amount in (A) is ineligible?	ription of this Service: You Murelevant y/Entities Receiving this ce: a. If to Number in the securing Charges Recurring Charges B C rges How much of the samount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B)	ription of this Service: You MUST attach a de relevant brand names. If the service is sit Number of the ent b. If the service is sh (e.g. A-1) Illations Recurring Charges B C D rges How much of the \$ amount in (A) is ineligible? Light branch and service is shown to the service is shown to the pre-discount amount (A minus B) Recurring Charges	ription of this Service: You MUST attach a description of the relevant brand names. Label this description of the relevan	ription of this Service: You MUST attach a description of the service, including relevant brand names. Label this description with an Attack and provided to one site and the service is site-specific (provided to one site and the service is shared by all entities on a Block 4 (e.g. A-1) Recurring Charges Recurring Charges Recurring Charges Recurring Charges Recurring Charges None of the service is shared by all entities on a Block 4 (e.g. A-1) Recurring Charges ce Provider Name Dell Marketing LP Topidion of this Service: You MUST attach a description of the service, including breakdown or relevant brand names. Label this description with an Attachment #, and y/Entities Receiving this ce: a. If the service is site-specific (provided to one site and not shared Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list (e.g. A-1) Recurring Charges Recurring Charges Non-Recurring Charges Non-Recurring Charges F G Topidion of this Service: It the service is site-specific (provided to one site and not shared Number of the entity from Block 4 receiving this service. b. If the service is shared by all entities on a Block 4 worksheet, list (e.g. A-1) How much of the samount in (A) is inelligible? It is inelligible monthly pre-discount provided in program year recurring (one time) \$ in (F) is inelligible? It is inelligible monthly program year recurring charges (C x D)	19a Service State Date (no. 19b Service End Date (mo. 19b Service End	19a Service State Date (mm/dd/yyyy) 19b Service End Date (mm/dd/yyyy) 19b Service End Date (mm/dd/yyyy) 20 Contract Expiration Date (mm/dd/yyy) 20 Contract Expiration Date (mm/dd/yyyy) 20 Contract Expiration Date (mm/dd/yy	19a Service State Date (mm/dd/yyyy) 07/01 19b Service End Date (mm/dd/yyyy) N No No No No No No			

Rilla												
Diffe	d Eil Ap	plicant #: 131	976	 .		App	orm Identif	ier: DMP	S4710101			
Cont	act Person:	Greg Dav	is			Phone Numb	er: 515-2	42-7773			,	
BLO	OCK 5: Dis	count Funding	Reques	t(s)			Pag	ge 227 of 319				
Instru numb	ictions: Use per the comp	one Block 5 page leted pages to ass	e for EAC ure that th	H service (Fundi ney are all proces	ng Request Num sed correctly.	ber) for which y	ou are reque	sting discounts. Ma	ake as many copie	es of this page a	is necessary, and	
FRN					(to be	e assigned by	administ	rator)				
11		f Service (only Communications Ser				onnections		Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if ces as	RFP #00-48D		
12	Form 470	Application Nu	mber:		0434000029662	0	16	Billing Account Nu (e.g. billed telephon	Number: N/A one number)			
							17	Allowable Vendor Se Contract Date: (mm.	election/	12/12/2000		
13	SPIN - Service Provider Identification Number: 143004340							Contract Award Dat (mm/dd/yyyy)		01/12	/2001	
								Service State Date (n		07/01		
14	Service Pro	vider Name			ell Marketing L	.P	20	Service End Date (material Contract Expiration (mm/dd/yyyy)			/A //2002	
21	Description	of this Service:					g breakdown c	of components and cos		Attachment #	USFATCH0104	
22	Entity/Enti Service:	ties Receiving thi	s	Number of the	entity from Block	4 receiving this s	service.	by others), list the En				
				b. If the service (e.g. A-1)	s shared by all enti	ties on a Block 4	worksheet, list	t the worksheet number	er:	·		
23	Calculation	18										
		Recu	rring Cha	irges		Non	-Recurring	Charges		Total Charge	S	
	A	В	C	D	E	F	G	H	Ι	J	K	
(total	(total amount for service) s amount in (A) is ineligible? pre-discount amount (A minus B) program year charges (C x D)				discount for eligible ar recurring charges	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$3,750	

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Enucy Ap	oplicant #: 13	1976		·		Applicant's F	Form Id	entifie	r: DMI	PS4710	101			
ct Person:	Greg Day	vis				Phone Numb	er: 5	515-24	2-7773					
CK 5: Dis	scount Funding	g Reque	est(s)					Page	228 of 319	······································	·	· · · · · · · · · · · · · · · · · · ·		
ctions: Use or the comp	one Block 5 pag leted pages to ass	ge for EA sure that	CII serv they are	ice (Funding l all processed	Request Numl correctly.	per) for which y	you are i	requesti	ing discounts. Ma	ake as m	any copie	s of this page a	s necessary, and	
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						onnections	15	"T me	" if tariffed service, onth-to-month servi	, "MTM" ces as		RFP #	00-48D	
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		Ì					17	Al	lowable Vendor Se	election/		12/12/2000		
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			relevant	brand names. I	Label this descr	iption with an At	tachmen	t #, and	note number in space	ce provid	ed below.	Attachment #	USFATCH010	
	ities Receiving thi	is	Nu	mber of the ent	tity from Block	4 receiving this s	service.				58970 -			
					ared by all enti	ties on a Block 4	workshe	et, list tl	he worksheet numb	er: 				
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mount for rvice)	How much of the \$ amount in (A) is ineligible?	pre-dis amo	scount ount	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	the \$ amount pre-disco in (F) is amount fo ineligible? time cha		Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)		% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0 0 0 0						7,500	0)	7,500	7,	500	80%	\$6,000	
	CK 5: Dictions: Use er the comp # Category of O Telecon Form 470 SPIN - Set Identificat Service Properties Entity/Ent Service:	ctt Person: Greg Dav CK 5: Discount Funding ctions: Use one Block 5 pager the completed pages to as: # Category of Service (only 6 O Telecommunications Se Form 470 Application Number: SPIN ~ Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving the Service: Calculations Recu A B y \$ charges How much of the \$ amount for \$ amount in (A)	CK 5: Discount Funding Requections: Use one Block 5 page for EAer the completed pages to assure that # Category of Service (only ONE cate O Telecommunications Services Form 470 Application Number: SPIN - Service Provider Identification Number: Service Provider Name Description of this Service: Entity/Entities Receiving this Service: Calculations Recurring City Charges amount for \$ amount in (A) is ineligible?	CK 5: Discount Funding Request(s) ctions: Use one Block 5 page for EACH server the completed pages to assure that they are the completed pages to assure that they are category of Service (only ONE category shows the completed pages to assure that they are category of Service (only ONE category shows the category shows the category of Services of International Services of International Services of International Service Provider Number: Service Provider Name	CK 5: Discount Funding Request(s) ctions: Use one Block 5 page for EACH service (Funding er the completed pages to assure that they are all processed # Category of Service (only ONE category should be checked of Telecommunications Services of Internet Access Form 470 Application Number: SPIN - Service Provider Identification Number: Service Provider Name Dell Description of this Service: Entity/Entities Receiving this Service: Entity/Entities Receiving this Service: Calculations Recurring Charges A B C D y \$ charges How much of the Samount in (A) is ineligible? Eligible monthly pre-discount service provided in amount for samount in (A) is ineligible?	CK 5: Discount Funding Request(s) ctions: Use one Block 5 page for EACH service (Funding Request Number the completed pages to assure that they are all processed correctly. # (to be Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Company of Service Provider Form 470 Application Number: 704340000296620 SPIN - Service Provider Identification Number: 143004340 Service Provider Name Dell Marketing L Description of this Service: You MUST attach a description of the relevant brand names. Label this description of the service is shared by all entities. If the service is shared by all entities. Annual prediscount for envice) Is ineligible? How much of the samount for is ineligible? Eligible monthly program year recurring	CK 5: Discount Funding Request(s) Ctions: Use one Block 5 page for EACH service (Funding Request Number) for which yer the completed pages to assure that they are all processed correctly. # (to be assigned by Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 SPIN – Service Provider Identification Number: 143004340 Service Provider Name Dell Marketing LP Poscription of this Service: You MUST attach a description of the service, including relevant brand names. Label this description with an Air Number of the entity from Block 4 receiving this service: Number of the entity from Block 4 receiving this service is shared by all entities on a Block 4 (e.g. A-1) Calculations Recurring Charges Note the service of service is shared by all entities on a Block 4 (e.g. A-1) Calculations Recurring Charges A B C D E F y \$ charges amount for \$ amount of the \$ amount of the \$ amount of the pre-discount amount of provided in program year pre-curring (one time) \$ amount of the pre-discount provided in program year pre-curring (one time) \$ amount of the provided in program year pre-curring (one time) \$ amount of the provided in program year pre-curring (one time) \$ amount program year p	The Person: Greg Davis CK 5: Discount Funding Request(s) Ctions: Use one Block 5 page for EACH service (Funding Request Number) for which you are retreated to assure that they are all processed correctly. # (to be assigned by admit Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal Connections Form 470 Application Number: 704340000296620 17 SPIN - Service Provider Identification Number: Phone Number: 4 (to be assigned by admit category should be checked) 15 704340000296620 17 SPIN - Service Provider Identification Number: 143004340 19 19 Service Provider Name Dell Marketing LP 20 Description of this Service: You MUST attach a description of the service, including breaked relevant brand names. Label this description with an Attachment Service: If the service is site-specific (provided to one site and not something the service) If the service is shared by all entities on a Block 4 workshed (e.g. A-1) Calculations Recurring Charges Non-Recurring Charges A B C D E F C C D E F C C C D C C C C C C C C C C C C C C C	Phone Number: 515-24	Phone Number: 515-242-7773 Page 228 of 319	Phone Number: 515-242-7773 Plage 228 of 319	Phone Number: 515-242-7773 Page 228 of 319	Phone Number: 515-242-7773	

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Bille	d En. A	oplicant #: 131	1976			Appıt's F	orm Identifi	er: DMI	PS4710101				
Con	act Person:	Greg Dav	is .			Phone Numb	er: 515-2	42-7773					
BLC	OCK 5: Di	scount Funding	g Request(s)		\		Pag	e 229 of 319		· · · · · · · · · · · · · · · · · · ·			
Instr num	er the comp	one Block 5 pag leted pages to ass	e for EACH s sure that they	ervice (Funding re all processed	Request Numl correctly.	ber) for which y	you are reques	sting discounts. Ma	ake as many cop	ies of this page	as necessary, and		
FRI	N #		· · · · · · · · · · · · · · · · · · ·		(to be	assigned by	v administr	ator)			·		
11		of Service (only (_				15 C	Contract Number (if T" if tariffed service, nonth-to-month servi lescribed in instruction	, "MTM" if ces as	RFP #	00-48D		
12	Form 470	Application Nu	mber:	704	340000296620)	16 I	Billing Account No	umber:	ber: N/A number)			
							17 A	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12/2000					
13	SPIN - Service Provider Identification Number: 143004340							Contract Award Dat mm/dd/yyyy)			2/2001		
								Service State Date (r			/2001		
14	Service Pr	ovider Name		Dell	Marketing L	P	20	Service End Date (m Contract Expiration (mm/dd/yyyy)			/A 0/2002		
21	Descriptio	n of this Service:					g breakdown o	f components and cod d note number in space		. Attachment	# <u>USFATC110104</u>		
22	Entity/Ent Service:	ities Receiving thi		Number of the en	tity from Block	4 receiving this s	service.	by others), list the En					
	ļ			If the service is s. e.g. A-1)	hared by all enti	ties on a Block 4	worksheet, list	the worksheet number	er:				
23	Calculatio	ns											
		Recu	rring Charge	3		Nor	-Recurring	Charges		Total Charge	s		
	A	В	С	D	E	F	G	Н	I	J	K		
(total amount for service) \$ amount in (A) is ineligible? pre-discount amount (A minus B) pre-discount provided in program year charges (C x D)					recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)		
	0	0	0	1 0	0	7,500	0	7,500	7,500	60%	\$4,500		

							ett .					
		pplicant #: 131	976				Appl's F	orm Identi	fier: DM]	PS4710101		
Cont	act Person:	Greg Dav	ris				Phone Numb	er: 515-	242-7773	<u>-</u> -		
BLO	CK 5: Di	scount Funding	g Reque	st(s)		<u></u>		Pa	ge 230 of 319			
Instru numb	etions: Use er the comp	one Block 5 page pleted pages to ass	e for EAG ure that t	CH serv hey are	ice (Funding all processed	Request Numb correctly.	per) for which y	ou are requ	esting discounts. M	ake as many co	pies of this page	as necessary, and
FRN	I #					(to be	assigned by	adminis	rator)			
11	ĺ	of Service (only C	·			ed) ● Internal Co	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	RFP #00-48D		
12	Form 470	Application Nu	mber:	<u></u>	7043	340000296620)	16	Billing Account No	umber:	N	//A
								17	Allowable Vendor S Contract Date: (mm	election/	12/12/2000	
13	3 SPIN – Service Provider Identification Number: 143004340							18	Contract Award Da (mm/dd/yyyy)	te	01/1:	2/2001
	ĺ							19a	Service State Date (1			1/2001
14	Sarvica Dr	ovider Name			D. 11	No alla Cara T	D	19b	Service End Date (m Contract Expiration			I/A
						Marketing L		20	(mm/dd/yyyy)	00/3	0/2002	
21	Description	n of this Service:	ļ						of components and co nd note number in spa		v. Attachment	# <u>USFATCH0104</u>
22	Entity/Ent Service:	ities Receiving this	s	Nu	mber of the ent	ity from Block	4 receiving this s	ervice.	by others), list the Er		-	
					the service is sh g_A-1)	ared by all entit	ies on a Block 4	worksheet, li	st the worksheet numb	er:		
23	Calculatio	ns										
		Recui	rring Ch	arges			Non	-Recurring	Charges		Total Charge	s
	A	В	C		D	Е	F	G	Н	I	J	К
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? Eligible monthly pre-discount amount (A minus B) # of months service provided in program year Program year Program year Program year							Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?		Total program year pre-discour \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$3,750
	0 0 0 0						7,500	"	۵۰۰۵ ا	7,500	30%	33,730

	di i						profit in							
Bille	d Enc. A	pplicant #: 13	1976				Appı's F	orm Ide	ntifie	r: DMF	S4710101			
Cont	act Person:	Greg Day	vis		·		Phone Numb	er: 51	15-242	2-7773				
BLO	CK 5: Di	scount Funding	g Reque	est(s)					Page	231 of 319				
Instru numb	er the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding label) all processed	Request Numb correctly.	er) for which y	you are re	equesti	ing discounts. Ma	ike as many o	copies o	of this page a	s necessary, and
FRN	I #			·		(to be	assigned by	/ admin	istra	itor)				
11		of Service (only (ed) • Internal Co	onnections	15	"T mc	ontract Number (if if tariffed service, onth-to-month service scribed in instruction	"MTM" if ces as		RFP #00-48D	
12	Form 470	Application Nu	mber:		7043	340000296620		16	Bi	lling Account Nu g. billed telephon	ımber:		N.	/A
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)			12/12/2000				
13	SPIN – Service Provider Identification Number: 14300434							18		Contract Award Date (mm/dd/yyyy)			01/12	/2001
								19a		ervice State Date (n			07/01	
14	Comico Du	ovider Name						19b		ervice End Date (m				/A
<u></u>				···		Marketing Ll		20	(mm/dd/yyyy)				06/30	//2002
21	Description	n of this Service:		You MI relevant	JST attach a de brand names. I	scription of the Label this descri	service, includin	g breakdo tachment	wn of o #, and :	components and cos note number in space	sts, plus any ce provided bel	ow.	Attachment #	USFATCH0104
22	Entity/Ent Service:	ities Receiving thi	is				rided to one site a		ared by	y others), list the En	tity 589	60 -		
	1				the service is sh	ared by all entit	ies on a Block 4	workshee	t, list tl	he worksheet numbe	er:			
23	Calculatio	ns		····	<u> </u>				<u>.</u>					
	·	Recu	rring C	harges			Non	-Recurr	ing Cl	harges		To	otal Charges	
	A	В	(D	E	F	G		Н	I		J	К
(total amount for service) s amount in (A) pre-discount service discount for is ineligible? amount (A minus B) program year recurring charges (C x D)						Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How mu the \$ am in (F) ineligit	ount is	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total progra year pre-disco \$ amount (E & H)	unt (1	% discount from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
	0 0 0 0						7,500	0		7,500	7,500	1	90%	\$6,750

Billed Em., Applicant #: 131976	Applicant's Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 232 of 319	
Instructions: Use one Block 5 page for EACH service (Funding Request N	(umber) for which you are requesting discounts. Make as many conies of this page as nece	ecary and

FRN	<i>!</i>	(to be assigned by	y admini	strator)		
11	O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	- 1	RFP #00-48D
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number))	N/A
			17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy			12/12/2000
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)		01/12/2001
			19a 19b	Service State Date (mm/dd/yyyy Service End Date (mm/dd/yyyy)		07/01/2001 N/A
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)		06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an At		n of components and costs, plus any		Attachment # USFATCH0104
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 	service.		58954 -	
23	Calculations	(e.g. A-1)				

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

(i	
Billed En Applicant #: 131976	Appl. 's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 233 of 319
Instructions: Use one Block 5 page for EACH service (Funding I number the completed pages to assure that they are all processed	Request Number) for which you are requesting discounts. Make as many copies of this page as necessary, and correctly.

FRN	T#	(to be assigned by	y admini	strator)						
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48D					
12	Form 470 Application Number:	704340000296620	16	Bilting Account Number: (e.g. billed telephone number)	N/A					
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000					
13	SPIN – Service Provider Identification Number:	143004340	18	Contract Award Date (mm/dd/yyyy)	01/12/2001					
			19a	Service State Date (mm/dd/yyyy)	07/01/2001					
			_19b	Service End Date (mm/dd/yyyy)	N/A					
14	Service Provider Name	Dell Marketing LP	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002					
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	w. Attachment # USFATCH0104					
22	Entity/Entities Receiving this Service:	a.If the service is site-specific (provided to one site and Number of the entity from Block 4 receiving this	service.)						
		b.If the service is shared by all entities on a Block 4 we (e.g. A-1)	orksheet, list	the worksheet number:						
23	Calculations	alculations								

	Recu	rring Charges			Non	-Recurring C	harges	Total Charges			
A	В	C	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)	
0	0	0	0	0	7,500	0	7,500	7,500	80%	\$6,000	

							·:]					
Bille	d Erl – Ar	oplicant #: 131	1976				Appı's F	orm Identifi	er: DM P	S4710101		
Cont	act Person:	Greg Day	is			-	Phone Numb	er: 515-2	42-7773			
BLO	CK 5: Di	scount Funding	g Reque	st(s)		<u></u>		Pag	e 234 of 319			
		one Block 5 pag leted pages to ass					er) for which y	you are reque	sting discounts. Ma	ike as many cop	es of this page a	is necessary, and
FRN	I #					(to be	assigned by	y administi	rator)			
11		of Service (only (mmunications Se				ed) ● Internal Co	15 Contract Number (if available; use "T" if tariffed service, "MTM" if			"MTM" if	RFP #00-48D	
12	Form 470	Application Nu	mber:		704:	340000296620			Billing Account Nu e.g. billed telephon	e number)	N	/A
									Allowable Vendor Se Contract Date: (mm	/dd/yyyy)	12/12/2000	
13	SPIN – Service Provider Identification Number: 14300434						18 Contract Award Date (mm/dd/yyyy)					/2001
									Service State Date (n			/2001
14	Service Pro	ovider Name			Dell	Marketing Ll	<u> </u>		Service End Date (m Contract Expiration			/A)/2002
						_			(mm/dd/yyyy)			
21	Description	of this Service:							f components and cos d note number in space		Attachment	# USFATCH0104
22	Entity/Ent Service:	ities Receiving thi	s	Nu	mber of the en	tity from Block	4 receiving this	service.	by others), list the En			
			·		he service is sl A-1)	nared by all entit	ies on a Block 4	worksheet, list	the worksheet number	er:		
23	Calculatio	ns										
		Recu	rring Cl	arges			Not	-Recurring	Charges		Total Charge	s
	A	В	C	;	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service) How much of the \$ Eligible monthly pre-discount amount (A minus B) # of months service provided in program year					Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0 0 0 0							7,500	0	7,500	7,500	60%	\$4,500

	(:														
Bille	d Entity A	pplicant #: 13	1976				Applicant's I	Form Identif	ier: DMI	PS4710101					
Conta	act Person:	Greg Dav	vis				Phone Number: 515-242-7773								
BLO	CK 5: Di	scount Funding	g Reque	st(s)			Page 235 of 319								
Instru numb	ctions: Use er the comp	one Block 5 pag eleted pages to as	ge for EA	CH serv they are	ice (Funding all processed	Request Numl correctly.	ber) for which	you are reque	sting discounts. Ma	ake as many copie	es of this page a	as necessary, and			
FRN	#					(to be	assigned by	y administi	rator)			:			
11		of Service (only (ould be checken net Access	ed) ● Internal C	onnections	,	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	00-48D			
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account Nu e.g. billed telephor	umber: ne number)	N	/A			
									Allowable Vendor So Contract Date: (mm		12/12/2000				
13	71 00 37						3004340		Contract Award Dat mm/dd/yyyy)		01/12	2/2001			
									Service State Date (r			/2001			
14	Service Pr	ovider Name			Dell	Marketing L	P	20	~ { ***			/A 9/2002			
21	Description	n of this Service:						g breakdown o	f components and co d note number in spa		Attachment #	USFATCH0104			
22	Entity/Ent Service:	ities Receiving thi	is	b. If t	mber of the ent he service is sh	tity from Block	4 receiving this	service.	by others), list the En						
23	Calculatio			(e.g	s. A-1)										
		Recu	rring Ch	arges			Nor	-Recurring	Charges		Total Charge	s			
	A	В	C		D	E	F	G	Н	I	J	К			
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? amo (A min			count unt nus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)				
	v	υ) 0	1	ı U	ı U	■ /.3UU	, 0	1,300	/,300	1 00%	30.000			

Bille	- I		4086							<u></u>			
		oplicant #: 13					Form Identi		PS4710101				
Cont	act Person:	Greg Day	vis			Phone Numb	er: 515-	242-7773					
BLO	CK 5: Di	scount Funding	g Request(s)			Page 236of 319							
Instru	ctions: Use	one Block 5 pag	e for EACH se	rvice (Funding	Request Numb	er) for which	you are reque	esting discounts. Ma	ake as many copie	es of this page a	s necessary, and		
numb	er the comp	leted pages to as:	sure that they a	re all processed	correctly.	,	•	S	J 1	10	•		
FRN	#				(to be	assigned by	y administ	trator)					
11	Category	of Service (only (ONE category	hould be check			15	Contract Number (if					
	O T-1-							"T" if tariffed service, month-to-month servi	•	RFP#	00-48D		
		mmunications Se		rnet Access	• Internal Co	onnections		described in instruction					
12	Form 470	Application Nu	mber:				16	Billing Account No		N.	'A		
				704	340000296620		17	(e.g. billed telephor Allowable Vendor Se					
								Contract Date: (mm		12/12/2000			
13		vice Provider					18	Contract Award Dat	te				
	Identification Number: 143004340							(mm/dd/yyyy)		01/12			
							19a 19b	Service State Date (n		07/01	/2001 /A		
14	Service Pr	ovider Name		Dell	Marketing L		20	Contract Expiration			/A /2002		
							ļ	(mm/dd/yyyy)			,2002		
21	Description	of this Service:						of components and connd note number in space		Attachment to	USFATCH0104		
									•	Attachment #	<u>OSFATCHOTO</u>		
22	Entity/Ent Service:	ities Receiving thi		f the service is si Number of the en				l by others), list the En	tity 58986 -				
i	Bei vice.							st the worksheet number	er:				
22	Calanta			e.g. A-1)			· · · · · · · · · · · · · · · · · · ·						
23	Calculatio	ns 											
		Recu	rring Charges			Nor	-Recurring	Charges		Total Charges	i		
	A	В	C	D	E	F	G	Н	I	J	K		
	ly \$ charges	How much of the	Eligible monthly	# of months	Annual pre-	Annual non-	How much o		Total program	% discount	Funding		
•	(total amount for service) samount in (A) pre-discount service provided in			discount for eligible	recurring (one time) \$	the \$ amoun in (F) is	t pre-discount \$ amount for one-	year pre-discount \$ amount	(from Block 4 worksheet)	Commitment \$			
	, is in great		(A minus B)	program year	recurring	charges	ineligible?	time charges	(E & H)	Worksheet,	Request (1 x J)		
					charges (C x D)			(F minus G)			(/		
	0	0	0	0	0	7,500	0	7,500	7,500	50%	\$3,750		